

Abstract 489

TITLE: Experience of Health Care Workers Taking Antiretroviral Agents as Postexposure Prophylaxis for Occupational Exposure to HIV

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BACKGROUND: In the June 7, 1996, *Morbidity and Mortality Weekly Report*, the Public Health Service recommended the use of combinations of antiretroviral agents (ARVs) as postexposure prophylaxis (PEP) following certain occupational HIV exposures. Except for zidovudine (ZDV), there is little information on the tolerability of ARVs in persons not infected with HIV.

METHODS: Data collected on occupational exposures to HIV, reported to the National Surveillance System for Hospital Health Care Workers (NaSH), were analyzed to assess the tolerability of ARVs used as PEP.

RESULTS: From June 1995 through January 1999, 351 HCWs sustained occupational exposures to HIV. PEP was taken by 181 HCWs, not taken by 128, and PEP information was missing for 42. The following PEP regimens were reported: 22 HCWs (12 %) took one ARV (21 took ZDV alone); 46 (25%), a combination of ZDV and another ARV (44 took ZDV and lamivudine); 85 (47%) took a combination of three ARVs (67 took ZDV, lamivudine, and indinavir); and 8 (4%) took four or more ARVs. Information was missing on 20 HCWs. Sixty-four HCWs completed their PEP regimens as prescribed and 47 stopped prematurely, 36 (77 %) of these due to symptoms, 4 (8%) due to HCW choice, and 7 (15%) for other reasons; information on PEP completion was missing for 70 HCWs. Seventy-five of 115 (65%) HCWs taking PEP and with follow-up information reported one or more symptoms. The most commonly reported symptoms were nausea, reported by 23% of HCWs; fatigue or malaise, 17%; emotional distress, 12%; headache, 9%; and loss of appetite, 6%. While HCWs not taking PEP also reported symptoms, they were significantly less frequent, being reported by 12 of 62 not taking PEP vs. 75 of 115 (relative risk 3.4, and 95% confidence interval 2.0-5.7) taking PEP.

CONCLUSION: A large proportion of HCWs taking PEP experienced at least one symptom while on PEP. This often was the reason for discontinuation of PEP. Counseling of HCWs about potential side effects of PEP along with symptomatic treatment may improve compliance with PEP regimens.

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